

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-020673

STATE FILE NUMBER

Registration District No.

178

Primary Registration District No.

Registrar's No.

43

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

10560

20560

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94201

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

FILED JUN 4 1963
a. COUNTY LEWIS

b. CITY (if outside corporate limits, give TOWNSHIP only)
OR TOWN LA BELLE

Length of stay in 1b
4 YEARS

c. FULL NAME OF (if NOT in hospital, give location)
HOSPITAL OR INSTITUTION EDWARDS REST HOME

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY LEWIS

c. CITY OR TOWN LEWISTOWN

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First MAMIE Middle M. Last ROBERTS

4. DATE OF DEATH
Month MAY Day 27 Year 1963

5. SEX FEMALE

6. COLOR OR RACE WHITE

7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH 11/7/1868

9. AGE (last birthday) 94
IF UNDER 1 YEAR Months 6 Days 20 IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)
LEWIS COUNTY, MO.

12. CITIZEN OF WHAT COUNTRY
U. S. A.

13a. FATHER'S NAME

SAMUEL BUCKNER

13b. MOTHER'S MAIDEN NAME

CYNTHIA MARTIN

14. NAME OF HUSBAND OR WIFE

WILLIAM F. ROBERTS

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
NO *****

16. SOCIAL SECURITY NO.

17. INFORMANT
Address OMER TURPIN HURDLAND, MISSOURI

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary Thrombosis

INTERVAL BETWEEN ONSET AND DEATH
15 minutes

DUE TO (b)

Cerebral Vascular accident

4 Weeks

DUE TO (c)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.
☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 10-6-1960 to 5-27-63 and last saw her alive on May 27-63
Death occurred at 1124 on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Ralph V Wimpso

22b. ADDRESS

La Belle, Mo.

22c. DATE SIGNED

28 May 63

23a. BURIAL, CREMATION, REMOVAL (Specify)
BURIAL

23b. DATE

MAY 29, 1963

23c. NAME OF CEMETERY OR CREMATORY

LEWISTOWN CEMETERY

23d. LOCATION (City, town, or county)

LEWISTOWN, MISSOURI

24. FUNERAL DIRECTOR

ADDRESS

Charles L. Arnold H. LEWISTOWN, MO.

25. DATE RECD. BY LOCAL REG.

5-31-63

26. REGISTRAR'S SIGNATURE

Mrs. Henry Lloyd

(Licensed Embalmer's Statement on Reverse Side)

REC'D JUN 13 1974

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STATEMENT BY LICENSED EMBALMER

8-32
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I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Charles L. Arnold Jr.

Licensed Embalmer No. 4667

P. O. Address LEWISTOWN, MO.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.